

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 2 - 0 0 3

2. STATE:

Nebraska

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

July 1, 2002

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.53 through 447.58

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 \$ (900,000)

b. FFY 2004 \$ (900,000)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4. 18-A, page 1; and
Attachment 4. 18-C, page 19. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Attachment 4. 18-A, page 1; and
Attachment 4. 18-C, page 1

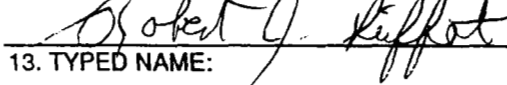
10. SUBJECT OF AMENDMENT:

Copayment on prescription drugs

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Robert J. Seiffert

14. TITLE:

Administrator Medicaid Division

15. DATE SUBMITTED:

June 20, 2002

16. RETURN TO:

HHS, F & S
Medicaid Division
Attn: Margaret Froeschle
P.O. Box 95026
Lincoln, NE 68509-5026

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

June 24, 2002

18. DATE APPROVED:

07/11/02

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

07/01/02

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Thomas W. Lenz

22. TITLE:

ARA for Medicaid & State Operations

23. REMARKS:

cc:

Seiffert

Curtiss

CO

DSG/DIATA

SPA CONTROL

Date Submitted: 06/21/02

Date Received: 06/24/02

Substitute per letter dated 08/07/02

ATTACHMENT 4.18-A

Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

COST-SHARING FOR THE CATEGORICALLY NEEDY AND QUALIFIED MEDICARE BENEFICIARIES

Effective July 1, 2002, the Nebraska Medical Assistance Program established the following schedule of copayments:

Service	Amount of copayment
Chiropractic Office Visits	\$1 per visit
Dental Services	\$3 per specified service
Drugs	\$2 per prescription
Eyeglasses	\$2 per dispensing fee
Hearing Aids	\$3 per dispensing fee
Mental Health and Chemical Dependency Services	\$2 per specified service
Occupational Therapy (non-hospital based)	\$1 per specified service
Optometric Office Visits	\$2 per visit
Outpatient Hospital Services	\$3 per visit
Physical Therapy (non-hospital based)	\$1 per specified service
Physicians (M.D.'s and D.O.'s) Office Visits	\$2 per visit
(Excluding Primary Care Physicians - Family Practice, General Practice, Pediatricians, Internists, and physician extenders (including physician assistants, nurse practitioners and nurse midwives) providing primary care services)	
Podiatrists Services	\$1 per visit
Speech Therapy (non-hospital based) ..	\$2 per specified service

As a basis for determining the copayment amount, the standard copayment amount is determined by applying the maximum copayment amounts specified in 42 CFR 447.54(a)(3) to the agency's average or typical payment for that service.

The copayment is collected by the provider at the time the service is provided. If the client is unable to pay the copayment when the service is provided, the provider may bill the client for the amount of the copayment.

An individual who is unable to pay the copayment is identified by self-declaration to the provider.

Transmittal # MS-02-03

Supersedes

Approved

09/11/02

Effective

07/01/02Transmittal # MS-94-19

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

COST-SHARING FOR THE MEDICALLY NEEDY AND OTHER OPTIONAL GROUPS

Effective January 1, 1995, the Nebraska Medical Assistance Program established the following schedule of copayments:

Service	Amount of copayment
Chiropractic Office Visits	\$1 per visit
Dental Services	\$3 per specified service
Drugs	\$2 per prescription
Eyeglasses	\$2 per dispensing fee
Hearing Aids	\$3 per dispensing fee
Mental Health and Chemical Dependency Services	\$2 per specified service
Occupational Therapy (non-hospital based)	\$1 per specified service
Optometric Office Visits	\$2 per visit
Outpatient Hospital Services	\$3 per visit
Physical Therapy (non-hospital based)	\$1 per specified service
Physicians (M.D.'s and D.O.'s) Office Visits	\$2 per visit
(Excluding Primary Care Physicians - Family Practice, General Practice, Pediatricians, Internists, and physician extenders (including physician assistants, nurse practitioners and nurse midwives) providing primary care services)	
Podiatrists Services	\$1 per visit
Speech Therapy (non-hospital based)	\$2 per specified service

As a basis for determining the copayment amount, the standard copayment amount is determined by applying the maximum copayment amounts specified in 42 CFR 447.54(a)(3) to the agency's average or typical payment for that service.

The copayment is collected by the provider at the time the service is provided. If the client is unable to pay the copayment when the service is provided, the provider may bill the client for the amount of the copayment.

An individual who is unable to pay the copayment is identified by self-declaration to the provider.

Transmittal # MS-02-03Supersedes Approved 09/11/02 Effective 07/01/02Transmittal # MS-94-19